



City of Flagstaff Parks and Recreation
Community Events
Survey for Event Producers

| OFFICE USE ONLY | | |
|--------------------------|-------|--------|
| Date Rec'd. | Staff | RSVN # |
| Level (A, B or C): _____ | | |

Name: _____ Organization: _____

Special Event Date: _____ Event Name: _____

Facility Reserved: _____

1. How do you think the event permit process can be improved, changed, or modified to better suit your needs?
2. If applicable, what items would you like to see revised or added in the Special Event Permit Packet?
3. What items work well within the new packet (which is planned for implementation in 2005)?
4. How was the city staff? Were they responsive / available throughout the permitting process?
5. How was the traffic flow around your event?
6. Did you have any issues with vendor parking?
7. Did the event location suit all your needs?
8. Additional comments:

Please complete this survey and return to:

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